

FEDERAL GRANT EXPENDITURE REPORT
MH 1767 (11/04)

INSTRUCTIONS ARE ON THE REVERSE SIDE

STATE FISCAL YEAR _____

TYPE OF GRANT (Check One Only): SAMHSA _____ PATH _____

COUNTY: _____ SUBMISSION DATE: _____

CONTACT PERSON: _____ TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

PROGRAM: _____

1. GRANT PROGRAM	YEAR END ACTUAL COST
a. Total Staff Expenses	\$ -
b. Consultant Costs	\$ -
c. Equipment	\$ -
d. Supplies	\$ -
e. Travel	\$ -
f. Other	\$ -
g. County Administrative Cost (see instructions on back)	\$ -
h. NET COST (sum of a. thru g.)	\$ -
i. OTHER FUNDING SOURCES: Federal Funds	\$ -
Non-Federal Funds	\$ -
j. TOTAL OF OTHER FUNDING SOURCES (sum of i.)	\$ -
k. GROSS COST (sum lines h. and j.)	\$ -
2. GRANT FUND RECONCILIATION	
a. Total Amount budgeted, from MH 1779 Program Budget	\$ -
b. Total Expenditures (line 1.h.)	\$ -
c. Remaining Balance (Roll-forward)	\$ -

I HEREBY CERTIFY THAT THE AMOUNTS ABOVE ARE TRUE AND CORRECT, AND IN ACCORDANCE WITH LAW. I AM THE OFFICIAL RESPONSIBLE FOR THE ADMINISTRATION OF THE COUNTY MENTAL HEALTH DEPARTMENT.

I AM THE DULY QUALIFIED AND AUTHORIZED OFFICIAL OF THE COUNTY RESPONSIBLE FOR THE EXAMINATION AND SETTLEMENT OF ACCOUNTS.

SIGNATURE: _____

SIGNATURE: _____

DATE: _____

DATE: _____